Placer County Department of Health & Human Services

A Division of Environmental Health **Auburn Office**

3091 County Center Dr. #180, Auburn CA 95603 (530) 745-2300

Tahoe Office

565 W. Lake Blvd Tahoe City CA 96145 (530) 581-6240



Amount Paid \$	
Date Paid:	
Receipt #	
Check #	
CC Auth #	

PE#

NOTE: Should you wish to chan		establishment, such as a sh to remodel or add onto	dding lunchtime san	dwich preparation servi	
	New Business Change of Owner	pe of Business Business Na Update Infor Other:			
	<u>BUSINESS OW</u>	<u> VNER INFORM</u>	<u>ATION</u>		
Owner's Name: Owner's Address:					
Owner's Phone #: () EACH ITS	Z INE ODMATIA) N/		
Facility Business Name:	<u>FACILITY</u>	<u>Y INFORMATIO</u>	<u>//V</u>		
Facility Physical Address:					
Facility Mailing Address:					
, ,					
Facility Phone #: ()				
Name of Previous Busines Alternate Phone Number:					
If unable to be reached at 0		—			
<5	2,000 Seating Capacity: 5,000 5,000	☐ 0-50 ☐ 50-100 ☐ >100	Facility Within Yes \(\subseteq \)		
If Applicable: Food Vehicle					
Provide a description of the base Prepackaged items only Prepackaged and food pre	basic types of food and bevera		on: beverages, d	leli, full scale res	taurant, etc.
business without a valid pern office is a misdemeanor offer	Facilities Law (CURFFL), Securit to operate. Operation of a nse, which may result in closury or citation (up to \$1,000 or si	food facility in Plac ure of the facility, pe	cer County with enalty fees of up	out a valid permit i	ssued by this
•	ar with the laws pertaini aw and agree to operate i	_			Jniform
APPLICANT'S SIGNA	TURE:			DATE:	
Type of Establishment:	PE#	Descr	iption:		
	nditions: () Approved () I		• '		

PR#_

FA#_

R.E.H.S. Signature:

OW#_